

4 168

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Maricopa  
District Phoenix  
Town Phoenix  
Or City Phoenix

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 3114

County Registered No. 7

Local Registrar's No. 3

ORIGINAL CERTIFICATE OF DEATH

No. 113  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME

Manuel Jay Pulisiphan

PERSONAL AND STATISTICAL PARTICULARS

SEX M Color or Race White SINGLE MARRIED  
Black Indian WIDOWED  
Chinese or DIVORCED  
Mexican

DATE OF BIRTH Jan 11 1914  
(Month) (Day) (Year)

AGE 26 yrs. mos. days hrs., or min.  
If less than 1 day

OCCUPATION  
(a) Trade, profession or particular kind of work ✓  
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) St. Johns, Arizona

NAME OF FATHER Julius J. Pulisiphan

BIRTHPLACE OF FATHER (State or country) St. Johns, Arizona

MAIDEN NAME OF MOTHER Agnes

BIRTHPLACE OF MOTHER (State or country) St. Johns, Arizona

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Manuel Jay Pulisiphan

(Address) St. Johns, Arizona

PLACE OF BURIAL OR REMOVAL St. Johns, Arizona DATE OF BURIAL OR REMOVAL Feb 11 1914

UNDERTAKER St. Johns, Arizona ADDRESS St. Johns, Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11 1914  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 11 1914 to Feb 11 1914; that I last saw him alive on Feb 11 1914, and that death occurred on the date stated above at 11 P.M. The DISEASE or INJURY causing

Death was as follows: Natural (Pneumonia)

(Duration) 22 yrs. mos. 5 days

Was disease contracted in Arizona? yes  
If not, where? St. Johns, Arizona

CONTRIBUTORY (Duration) 22 yrs. mos. 5 days

(Signed) Dr. J. J. Pulisiphan  
1914 (Address) St. Johns, Arizona

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE At place of death 26 yrs. mos. 5 ds. In Arizona 26 yrs. mos. 5 ds.

Former or Usual Residence St. Johns, Arizona

Filed Mar 5 1914 J. J. Pulisiphan Local Registrar

Filed Mar 5 1914 J. J. Pulisiphan County Registrar